

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SE		9-20-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HT	1117	10/18/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
≡	.....	Allowed	I	.....	Interference
—	(Through numeral).....	Canceled	A	Appeal
⊥	Restricted	O	Objected

Claim	Original	Date
1	4. 6 11 7	
2	11 3 6 9	
3	02 00 02 03	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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